# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 16-31**, **2007**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR			*	T	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Idea	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED E	BY STATE	State Applica	tion Identifier
Construction	Construction	an income and a second	Y FEDERAL AGENCY	Federal Identi	ifier
Non-Construction	Non-Construction		•	<u>l.,                                    </u>	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
City of Angels			Department:		
Organizational DUNS:		Feell/FD	Division:		
Address:	net	HIVED			erson to be contacted on matters
Street: P.O. Box 667	A110	1 @ 2007	Prefix: Mr.	ation (give are First Name:	
	AUI	1 6 2007	Middle Name	even	Gary
County:	STATE CL	EARING HOUSE	. I set Name		
County: Calaveras			Gh Gh	io	· · · · · · · · · · · · · · · · · · ·
State: California	Zip Code <b>95222</b>		Suffix:		
Country:		•	Email: wgainc3	@goldrus	h.com
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
94-6000292	· ·		(209) _754-1		(209) 754-1092
8. TYPE OF APPLICATION:	-		1.00	NT: (See back	k of form for Application Types)
Revision, enter appropriate lette		n Revision	, C		. `
(See back of form for description	of letters.)	П	Other (specify)		
Other (specify)	Other (specify)  9. NAME OF FEDERAL AGENCY: USDA, Rural Utilities Service				ies Service
10. CATALOG OF FEDERAL D	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				CANT'S PROJECT:
		10-760		* · · · · · · · · · · · · · · · · · · ·	uction of ultra-
TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program					and stream dis- t existing 0.6 MG
12. AREAS AFFECTED BY PRO		, States, etc.):	wastewate		9
City of Angels,	Calaveras Co	ounty			
13. PROPOSED PROJECT	15 - 5		14. CONGRESSIONA	L DISTRICTS (	
Start Date: 10 / 07	Ending Date: 7	/09	a. Applicant	,	b. Project 4th
15. ESTIMATED FUNDING:					REVIEW BY STATE EXECUTIVE
a. Federal \$	. 3,7	700,000 · <sup>™</sup>	ORDER 12372 PROCE	APPLICATION	APPLICATION WAS MADE
b. Applicant \$		, ba	AVAILABL	E TO THE STA FOR REVIEW	ATE EXECUTIVE ORDER 12372 ON
c. State \$			DATE:		
d. Local \$		, Su	b. No.   PROGRAM	A IS NOT COVE	ERED BY E. O. 12372
e. Other \$		00	_		BEEN SELECTED BY STATE
. Program Income \$		. 00			IT ON ANY FEDERAL DEBT?
I. TOTAL S	3,7	700,000 · <sup>™</sup>	Yes if "Yes" attach	an explanation.	No EX
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY AU TTACHED ASSURANCES IF TH	JTHORIZED BY THE (	SOVERNING BODY OF			
Authorized Representative	irst Name Timet	L	Middle N	lame .	
IVII •	Timot	пу	Suffix	A.	
Shearer Title			i	anna Number /	sino ama coda)
City Admin			(20	none Number (c	181
Signature of Authorized Represen	Signature of Authorized Representative			Signed 8/13/0	7

APPLICATION FOR					Version 7/03
		2, DATE SUBMITTED 8/17/2007		Applicant Ider #49	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifler
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Un	<u> </u>	
Trinky Resource Conservation &	Development Council		Department:		
Organizational DUNS: 136 722 910			Division:		
Address:					rson to be contacted on matters
Street:   P. O. Box 2183			Involving this appl Prefix:	Ication (give are First Name:	a code)
#3 Horseshoe Lane			Mr.	Patrick	
City: Weaverville			Middle Name		
County: Trinity			Last Name Truman		
State: California	Zip Code 96093-2183		Suffix:		
Country: USA			Email: truman@jeffnet.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	<del></del>	Phone Number (give		Fax Number (give area code)
68-0396859			(530) 623-2009 Ex.	3	(530) 623-2353
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
New  If Revision, enter appropriate lett		n 🗏 Revision	O. Not for Profit Or	ganization	
(See back of form for description		г	Other (specify)		
Olher (specify)			9. NAME OF FEDE	RAL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	E NUMBER:	11 DESCRIPTIVE	TITLE ME ADDI 1	CÁNT'S PROJECT:
TO THE PROPERTY OF THE PROPERT	AND ACCIONANCE				ASS COORDINATION PROJECT
TITLE (Name_of Program):		10-664			
Cooperative Forestry Assistance 12. AREAS AFFECTED BY PRO		Ctoton of all	4		
Trinity County, California	DOECT (Chies, Counties	s, States, etc.).			
13. PROPOSED PROJECT	and the same of th		14. CONGRESSION	IAL DISTRICTS	OF:
Start Date: 10/1/07	Ending Date: ED		a. Applicant		b. Project
15. ESTIMATED FUNDING:			Second	N SUBJECT TO	Second  REVIEW BY STATE EXECUTIVE
a. Federal \s	AUG 1 7 2007		ORDER 12372 PRO	CESS?	VAPPLICATION WAS MADE
1 1	AUG 1	4.184	_ a. tes. Nei availa	BLE TO THE ST.	ATE EXECUTIVE ORDER 12372
b. Applicant \S	TATE CLEARING HO	500	PROCE	SS FOR REVIEV	VON
	TAIE	40,000	DATE;	8/17/07	
d. Local		40,700	b. No. III PROGR	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$		go	OR PRO	OGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program income \$		, uu	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		165,384	☐ Yes If "Yes" attac	ch an explanation	. <b>⊠</b> No
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF.	ALL DATA IN THIS APP	PLICATION/PREAPPL	ICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	HE ASSISTANCE IS A	GOVERNING BODY OF ' WARDED.	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	Eirst Name		Mina	e Name	
Mr. "Last Name	Patrick				
Iroman			Suffix		
o. Title President				ephone Number 623-2009 Ext. 3	
Signature of Authorized Repres	entative			te Sianed	
Previous Edition Usable Authorized for Local Reproduction	7		[ 47 ( 17)		Standard Form 424 (Rev.9-2003)
	·				Prescribed by OMB Circular A-102

OMB Number: 4040-0004

		EPA-OAR-TRP	D-07-09 Expiration Date: 01/31/2009			
Application for Federal Assis	stance SF-424		Version 02			
* 1. Type of Submission:	* 2. Type of Application:	If Revision, select appropriate letter(s);				
Preapplication	✓ New		<del></del> .			
✓ Application	Continuation	Other (Specify)				
☐ Changed/Corrected Application	Revision					
3, Date Received:	4. Applicant Identifier:					
Completed by Grants.gov upon autimission.						
5a. Federal Entity Identifier:		"5b. Federal Award Identifier:	•			
	and the second second	مرور و المراور و				
State Use Only:			RECEIVED			
6. Date Received by State:	7. State Application	Identifier:	AIIC 9 A 2007			
8. APPLICANT INFORMATION:			Aud # 0 2001			
a. Legal Name: Sacramento Metro	politan Air Quality Managem	nent District	STATE CLEARING HOUSE			
*b, Employer/Texpayer Identification N	umber (EIN/TIN);	* c. Organizational DUNS:				
6B-0382186		026453899				
d. Address:						
*Street1: 777 12th Stre	et, 3rd Floor					
Street2:						
• City: Sacramento	Sacramento					
County: Sacramento						
* State: California						
Province:						
* Country: United States	United States					
Zlp / Postal Code; 95814						
e. Organizational Unit:						
Department Name:		Division Name:				
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix; Ms	• First Name	: Pamela				
Middle Name;		· <del></del>				
* Last Name: Rader						
Suffix:						
Title: Senior Accountant						
Organizational Affiliation:						
*Telephone Number: 916.874.3971		Fax Number: 916.874.480	05			
• Email: prader@alrquality.org	100000000000000000000000000000000000000					

OMB Number: 4040-0004 EPA-OAR- 7 R PD - 47 Expiration Date: 01/31/2009 Application for Federal Assistance SF-424 Version 02 9. Type of Applicant 1: Select Applicant Type: Special District - Air Quality Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: " Other (specify): \* 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Faderal Domestic Assistance Number: 66-0001 CFDA Title: Air Pollution Control Program Support \* 12. Funding Opportunity Number: EPA-QAR-TRPD-07-09 \* Title: Mobile Source Outreach Assistance Competition 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Countles, States, etc.): State of California, County of Sacramento \* 15. Descriptive Title of Applicant's Project: Long-Haul Trucker Outreach

Attach supporting documents as specified in agency instructions.







OMB Number: 4040-0004

FPA - UAR - TRPP -07-05 Expiration Date: 01/31/2009

Application	for Federal A	ssistance SF-424				Version 02
16. Congression	onal Districts Of:					
a. Applicant	03			° b, Pro	gram/Project 03	
Altach an addit	onal list of Program	m/Project Congressional District	s if needed.			
		EAST SEPT MANUEL	Delete Altachme	mt View Att	echnem.	
17. Proposed	Project:	-				
a. Start Date:	01/01/2008				b. End Date: 12/31/2009	
18. Estimated	Funding (\$):					
* a. Federal		\$100,000.00	****			
* b. Applicant		\$200,000.00				
* c. State		\$1,200,000.00				
* d. Local						
e, Other		\$400,372.00				
*f, Program In	come					
g. TOTAL		\$1,900,372.00				
* 20. Is the App	olicant Delinguen	t On Any Federal Debt? (If "Y	es", provide exp	pianation.)		
herein are true comply with a may subject m  **I AGREE	, complete and a ny resulting term ie to criminal, clv	scurate to the beat of my kno s if I accept an award. I am av iii, or administrative penalties	owledge. I also p vare that any fal s. (U.S. Code, Ti	provide the lee, fictitious tie 218, Sec		ree to claima
apacific instruct		DIBNESS, OF BUILDING SEE WAS	re you may obtain	i triis iist, is c	ontained in the announcement or	agency
Authorized Re	presentative:					
Prefix:	Mr	• First Ne	ame: Larry			
Middle Name:	F					
* Last Name:	* Last Name: Greene					
Suffix:	Non-se della l'ambie de l'America					
Title: Execu	tive Director/Alr	Pollution Control Officer				
* Telephane Nur	mber: 916,847,4	802	F	ax Number:	916.847.4805	(P. 17   F. 17   P. 17
* Email:   Igre	ene@airquality	.org				
• Signature of A	uthorized Represer	rative:	Teen	Date Sign	ed: 8/20/0)	
Authorized for L	ocal Reproduction				-/-/	form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

/21/2007 10:	47 FAX	53089	86804	Resear	ch Founda	ation		<b>4</b> 002
							OME	Approval No. 0348-0045
APPLICAT	ION FO	)B		2 DATE SUBMITTED	)		cant Identifier	Approvat No. 0340-004
FEDERAL			E	8/:	20/07		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. TYPE OF SUBMAPplication		IANO	' <b>L</b>	3. OATE RECEIVED	BY STATE		State Applicant Identifier	
Construction	,	Пс	nstruction	4. DATE RECEIVED	AV PEDERAL AC	SENCY	Federal Identifier	
X Non-Constru				4. DATE REGERVED	TO FEDERAL AC	SENCY	rederal identiner	
5. APPLICANT IN			on-Construction					
			A series of the	The state of the s				
			earch Foundati	STIVED	Organizatio			11 1
Address (give city,		e, and zip	R 2 22	and annea I	application		number of person to be contacted a code)	on marrers involving this
Building 25	5		1 111	3 <b>2 1</b> 2007	Carol S		,	
CSU, Chica	כ		AU	u = =	casager@	<u>Desuchico</u>	<u>.edu</u>	
Chico, CA	95929-08	370		LEADING HOU	SEPhone: (5	30) 898-5	5700	
6. EMPLOYER ID	ENTIFICATIO	ON NUMB	ER (EINSTATE	CLEARING HOU	TYPE O	F APPLIC	ANT: (enter appropriate letter i	n box)
6 8 -	0 3	8 6	5 1 8	OFFT THE CORP COME	A. Sta	ite	H. Independent School	Dist.
				<del>-</del>	B. Cou	uпty	I. State Controlled Inst	itution of Higher Learning
6. TYPE OF APPL	ICATION:	_				nicipal	<ol> <li>Private University</li> </ol>	
					D, Tov	qidenw	K. Indian Tribe	
	X Ne	€W	☐ Continuation	☐ Revision	E. Inte	eretete	L. Individual	
				_	F. Inte	ermunicipal	M. Profit Organization	
If Revision, enter as	ppropriate let	ter(s) in b	ox(es):		G. Spe	ecial Distric	t N. Other (Specify)	
A transport Aura		D Dagge					-	
A, Increase Awa				ncrease Duration	9 NAME (	DE EEDER	AL AGENCY;	<del></del>
D. Decrease Du	ration (	Other (sp	еспу):		3. 147.181E. C			
						_	U. S. Department of Comm	
10. CATALOG OF	FEDERAL P		C ACCICTANCE N	IMPER.	14 DEACH		onomic Development Admi TLE OF APPLICANT'S PROJEC	
IU. CATALOG OF	PEDERAL		C ASSISTANCE N	OWIDER.				
			1   1   .	3 0 3	Center fo	r Econon	nic Development/CSU, Chic	o Research
		L			1			
			chnical Assistan		Foundation's funding proposal for the Economic Development  Administration, Department of Commerce's EDA's Western			
12. AREAS AFFECTE		CT (cities,	counties, sigtes, etc.	);				
EDA's Western	Region				Conferen	ice		
13. PROPOSED P	ROJECT:	1	14 CONGRESSI	ONAL DISTRICTS O	F.			
Start Date	Ending Dat	te l	a. Applicant		b. Pre	olect		
9/1/07	8/31/08		2		1,2	0,000		
<b>4</b> , 1, <b>5</b> .	0,2 ., 40		-		,_			
15. ESTIMATED F	UNDING:				16. (5	APPLICA	TION SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal		8	<u> </u>	47,000.0	•	ROER 123	72 PROCESS?	
		"		47,000.0	1	YES. THI	IS PREAPPLICATION/APPLICAT	ION WAS MADE
b. Applicant		•		47 000 0			ALABLE TO THESTATE EXECU	
		\$		47,000.0	<b>u</b>	PRO	DCESS FOR REVIEW ON:	
c. State		<del> </del>						
<b>4</b> ,		55		.[.	٥	DAT	<sup>rE</sup> 8/21/07	
d. Local		<del>                                     </del>						
		S		۵,	<sup>0</sup>   ь.	NO.	PROGRAM IS NOT COVERED	BY E.O. 12372
e. Other - Private I	nvestment	\$	***				OR PROGRAM HAS NOT BEE	N SELECTED BY STATE
		•					FOR REVIEW	
f. Program Income		s		.0	0			
		-		.u		THE APP	LICANT DELINQUENT ON ANY	FEDERAL DEBT?
g, TOTAL		5		94,000.0		Yes	If "Yes," attach an explanation.	X No
18. TO THE BEST BEEN DULY AUTH ASSISTANCE IS A	ORIZED BY	WLEDGE	AND BELIEF, AL	L DATA IN THIS AP	PLICATION/PI	REAPPLIC	ATION ARE TRUE AND CORRE	ECT. THE DOCUMENT HAS THED ASSURANCES IF THE
a. Typed Name of Authorized Representative b. Title Director, Office of Sponsored c. Telephone number				c. Telephone number				
	Саго	Sage	er .	Progr			aponourus	530-898-5700
d. Signature of Age	orized Repre	eentative				•		e_Qate Signed
	-0							e Date Signed

i

SF 424 (R&R)	2. DATE SUBMITTE 07/30/2007	iD .	Applicant Identifier	
1. TYPE OF SUBMISSION	3. DATE RECEIVED	BY STATE	State Ap	olication identifier
O Pre-application Application O Changed/Corrected Application	4. Federal Identifier DE-FG02-84ER4		ED	
5. APPLICANT INFORMATION  * Legal Name: Regents of the University of California Department: Office of Research Admin.  * Street1; 300 University Tower  * City: Irvine Province:	Division: University o Street2: County: Orange * Country: USA: UNIT	116 2 1 2	007	* Organizational DUNS:046705849 California al Code: 92697
Person to be contacted on matters involving this appli Prefix: * First Name: Darlene * Phone Number: 949-624-0341	cetion Middle Na Fax Number: 949-82/	me: Last Nam Sullivan	1B:	Suffix: illiv@ucl.edu
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) o 95-2226406	or (TIN):	7. * TYPE OF APPLICANT H: Public/State Controlled In:	allwilon of I	ligher Education
8. TYPE OF APPLICATION: O New	•	Other (Specify):		
○ Resubmission	O Revision	Small I O Women Owned		Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	NCY:	
O A, Increase Award O B, Decrease Award O	C. Increase Duration	Chicago Service Center		
O. D. Decrease Duration O. E. Other (specify):		10. CATALOG OF FEDERAL D	OMESTIC	ASSISTANCE NUMBER:
* Is this application being submitted to other agencies What other Agencies?	7 ○ Yes ● No	TITLE: Office of Science Financial Assistance Program		
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJ Electron Probes of Nanoacale and Subnanoacale Str.	ECT: ictures and their Dyna	mics		
12. * AREAS AFFECTED BY PROJECT (cities, coun	ties, slates, etc.)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRI		
* Start Date * Ending Date	20	a. * Applicant		b. * Project
02/01/2008 01/31/2011		48		48
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT Prefix: *First Name:	OR CONTACT INFO		ο-	Suffix:
Douglas	l	Mills		OBINA.
Position/Title: Research Professor	* Organization Name:	University of California Irvine		
	Division: University of	CA Irvine		
* Street1: 2129 Frederick Reines Hall	Street2:			
City: Irvine	County: Orange	3	* State: CA	California
Province:	* Country: USA; UNIT	ED STATES	ZIP / Post	al Code: 92697
* Phone Number: 949-824-5148	Fax Number: 949-824	-2174	Email: din	nills@ucl.edu

# SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING	CESS?	ON SUBJECT TO REVIEW BY STATE EXECUT		
a. * Total Estimated Project Funding \$3412;470.0 b. * Total Federal & Non-Federal Funds \$312,470.0 c. * Estimated Program Income \$312,470.0	0 315,341 DATE: 07/30/2 0 0 0 PRI	S PREAPPLICATION/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372 PROCESS FOR 1007 OGRAM IS NOT COVERED BY E.O. 12372; OR OGRAM HAS NOT BEEN SELECTED BY STATE	REVIEW ON:	
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)  1 agree 1 to gree the list of certifications and assurances, or an internet she where you may obtain this list, is contained in the announcement or agency specific instructions.				
19. Authorized Representative Prefix; First Name; Dadene	Middle Name:	* Last Neme: Sulliven	Suffix:	
Position/Title: Contract and Grant Officer	* Organization Name: Regents of			
Department: Office of Research Admin.	Division: University of CA Irvine	•		
* Street1: 300 University Tower	Street2:			
* City: Irvine	County: Orange	* State: CA: California		
Province:	* Country: USA; UNITED STATI	ES ZIP / Postal Code: 92697		
* Phone Number: 949-624-0341	Fex Number: 929-824-2094	* Email: dksulliv@ucl.edu		
* Signature of Authorized Repre	sentative	* Date Signed		
Darlene Sullivan	Musica.	920154 07/30/2007		
20. Pre-application File Name: Mime Type:				
21. Attach an additional list of Project Congressio	nal Districts If needed.			
File Name: Mime Type:				







U.S. Department of Transportation

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	1640	-
Recipient Name:	CITY OF GARDENA	
Project ID:	CA-95-X014-00	
Budget Number:	1 - Budget Pending Approval	RECEIVED
Project Information:	CMAQ Facility-Alternate Fuel	AUCRA
Part 1: Recipi	ent Information	AUG 2 2 2007 STATE CLEARING HOUSE

Project Number:	CA-95-X014-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

### **Union Information**

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	·

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman

Contact Name:	Office Adminisuator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facsimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914
Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	

Address 2:	
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
E-mail:	cparcelli@tcunion.org
Website:	tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

# Part 2: Project Information

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTAN	CE		2. DATE \$UB! May 3, 2006	MITTED			Applicant Identifier V-00940411-0	
1. TYPE OF SUBMISSION: Application	Pre-application			DATE RECEIVED BY STATE			State Application Identifier	
Construction			4. DATE RECE			Faderal Identifier		
Non-Construction	V1	-Construction						
5. APPLICANT INFORMATI								
Legal Name:					Organizational Uni	rt:		
DEPARTMENT OF YOXIC S	UBSTANC	ES CONTROL			SITE MITIGATION	PROGRAM		
Organizational DUNS:					Division:			
Address:							rson to be contacted on matters	
Street: 1001 I STREET, FLOOR 11-	4 PO PO	906	The state of the s	-	Involving this appl		a code)	
100110111221,12001111	1,70 00	DEC	EIV/EF	1	Prefix:	First Name:	JESSIE	
City: SACRAMENT	^	HLU	The View		Middle Name			
County:	•	<u> </u>	2 2 2007		Lest Name	,		
SACRAMENT State:	O Zip Co	ide			Suffix:	GALDE		
CALIFORNIA		95812	-0806 EARING HOU	ISE -	Email:			
Country: UNITED STATES		STATE CLI	EARINGTIO		JUGALDE	@DTSC.CA.GO		
6. EMPLOYER IDENTIFICA	TION NUN	BER (EIN):	221172110: 400-111		Phone Number (give	area code)	Fax Number (give area code)	
6 B - 0 2 8 1 3 8	[1]				916 323-2962		916 323-3500	
B. TYPE OF APPLICATION:					7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)	
	Wew	VI Continuation	on TRevis	sion	A. STATE			
If Revision, enter appropriate (See back of form for descript			_		Other (specify)			
		· 📙						
Other (specify)	•				9. NAME OF FEDE UNITED STATES E	RAL AGENCY: ENVIRONMENTA	L PROTECTION AGENCY	
10. CATALOG OF FEDERA	L DOMES	TIC ASSISTAN	CE NUMBER:		11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:	
			66-8	002	SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO			
TITLE (Name of Program):			الم رق م	لشاري	PROVIDE OVERSIGHT OF FEDERAL NATIONAL PRIORITY LIST SITES			
	CERCIA	100° - 0	- Flore la		- 31123			
12. AREAS AFFECTED BY	PROJECT	(Cities, Countie	es, States, etc.):					
STATE OF CALIFORNIA					and an extent of	NA MATRIATA	AB	
13. PROPOSED PROJECT Start Date:	End	ing Date:			14. CONGRESSION	NAL DISTRICTS	b. Project	
7/1/2007			0/2009		DISTRICTS 3 & 4 C			
15. ESTIMATED FUNDING:					16, IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE	
a. Federal	\$			<del>x,</del>	THIS P	REAPPLICATION	NAPPLICATION WAS MADE	
b. Applicant	SS		600,000	x	1 VAVIDA	ABLE TO THE ST ESS FOR REVIEW	ATE EXECUTIVE ORDER 12372	
							W 014	
c. Slate	S				DATE:	5/10/2007		
d. Local	\$			3U —	b. No. IT PROGE	RAM IS NOT CO	/ERED BY <b>E</b> , O, 12372	
s. Other	\$			JQ			T BEEN SELECTED BY STATE	
f. Program Income	\$			<u> </u>	FOR R	EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL	\$			л	 		πν	
	1		600,000		☐ Yes If "Yes" and			
							TRUE AND CORRECT. THE	
ATTACHED ASSURANCES	IF THE AS							
<ul> <li>a. Authorized Representative</li> <li>Prefix</li> </ul>	First N	lame			Mide	ile Name		
Last Name		DIMAH						
		SAEBFAR	·		Suffi			
b. Tille	AC	TING DEPUTY	DIRECTOR		c. Te	elephone Number 3) 323-3555 (6	(give area code) (8) 55/- 2876	
d. Signature of Authorized Representative						ore Signed		
Previous Edition Usable		14-1			- при	ate signed 5/19	Slandard Form 424 (Rev.9-2003)	
Authorized for Local Reprodu	ction			RF	CEIVE		Prescribed by OMB Circular A-102	
•								
•				Д	JG <b>2 2</b> 2007	MAN INSTITUTE OF THE PROPERTY		
				0=1==	At manus a			
				STATE	<b>CLEARING HOU</b>	JSE		

Application for	Federal Assis	tance	SF-424				Vers	ion 02
* 1. Type of Submiss	slon:	* 2. Tyj	pe of Application:	¹ If Revision	. select appropris	ate letter(s):		
Proapplication New								
	ation [ Continuation		Other (Spe	cify)				
Changed/Corrected Application Revision					Parameter and the state of the	7		
* 3. Date Received: 4. Applicant Identifier:						RECEIVED		
Completed by Grants.gov	upon submission.				-		AUG 2 2 2007	
5a. Federal Entity Ide	entifler:			" 5b, Fed	leral Award Iden	tifier:		
							STATE CLEARING HOUSE	
State Use Only:		-						<b>.</b>
6. Date Received by	State:		7. State Application	on Identifier:				7
6. APPLICANT INFO	PRMATION:			_		<u> </u>		
* a. Legal Name; R	egents of the Unive	ersity of C	California					
• b. Employer/Taxpa	yer identification N	umber (E	EIN/TIN):	* c. Orga	nizational DUNS	<del></del> 3:		
956006143	- Interest and the		44 M. 440 P. Books Mar 23 Phil	0925303	00000			
d. Address:								
* Street1:	Office of Contrac	& Grant	Admin					
Street2:	10920 Wilshire B	oulovard,	Suite 1200					
- City:	Los Angeles			1				
County:	Los Angeles							
* State:					CA: California			$\neg$
Province:								
* Country:	, , , , , , , , , , , , , , , , , , , ,			USA: UNITE	D STATES			
* Zip / Postal Code:	90024			1 100			_	
e. Organizational U	nit:							
Department Name:		,		Division	Name:			
UCLA Department of	Medicine			NanoMed	licine			
f. Name and contac	t Information of	erson t	o be contacted on	matters inv	olving this ap	plication:		
Prefix:	) K 99850		* First Nar	ne: Deepe	<del></del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	$\overline{\neg}$
Middle Name:	<del></del>					. 11 1111-11		J
* Last Name: Saho	la							,
Suffix:	elle settens et ti				·-		11 304 014 014 014	
Title: Grant Analyst								
Organizational Affiliat	ion:				-			
Office of Contract & G	Frant Admin				<u> </u>		AAAA	ı
* Telephone Number:	(310) 794-0259				Fax Number:	(310) 943-1657		$\overline{}$
* Email: dsshota@	resadmin,ucla.edu							

PAGE 05

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Inellitution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
Science To Achleve Results (STAR) Research Program	
Science to Achieve Adduits (STAR) Research Flogram	
* 12. Funding Opportunity Number:	
EPA-G2007-STAR-R1	
* Title:	
Nanotechnology Research Grants Investigating Fate, Transport, Transformation, and Exposure of Engineered Nanomaterials: A Joint	
Research Solicitation - EPA, NSF. & DOE	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
N/A	
* 15. Descriptive Title of Applicant's Project:	
The link between ZnO nenoparticle solubility and toxicity	
Altoch ousesting desirable and the second se	
Attach supporting documents as specified in agency Instructions.	

CIA

PAGE 06

Application f	for Federal Assista	nce SF-424				Version 02
16. Congression	nal Districts Of:					
* a. Appilcant	CA-030		* b. Pro	gram/Project CA-0	30	
Attach an additio	onal list of Program/Projec	t Congressional Districts if needs	ad.			
		Acceptachmental Dates A	Mark F.D.	(partelement)		
17. Proposed P	roject:		•			
* a. Start Date:	03/01/2008			• b, End Date; 02/26	/2010	
18. Estimated F	unding (\$):					
* a. Federal		400,000.00				
* b. Applicant		0.00				
* c. State		0.00				
* d. Local		0.00				
• e. Other		0.00				
* f. Program inco	оте	0.00				
• g. TOTAL	0111 000 000	400,000.00				
* 20. is the Appl Yes 21. *By signing	No East	ny Federal Debt? (If "Yes", pro planation y (1) to the statements contain	ed in the list of co			
comply with any may subject me	y resulting terms if I acc a to criminal, civil, or ad ifications and assurances,	to the best of my knowledge, cept an award. I am aware that iministrative penalties. (U.S. C , or an internet site where you ma	t any false, fictition code, Title 218, Sec	us, or fraudulent sta ition 1001)	ntements or claims	
Authorized Rep	resentative:					
Prefix: [		* First Name: Ra	ellen			
_	Man					
Suffix:						
* Title: Dir. Res	search Admin.					
* Telephone Num	ber: (310) 825-8112		Fax Number:	(310) 794-7988		
• Email: domdi	ra@mednet.ucla.edu					
* Signature of Aut	horized Representative:	Completed by Grants.gov upon submiss	sion. * Date Sign	od: Completed by Gran	is.gov upon submission.	



FTA

U.S. Department of Transportation

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	1640	
Recipient Name:	CITY OF GARDENA	
Project ID:	CA-90-Y451-00	FRECEIVED
Budget Number:	1 - Budget Pending Approval	ALO 2007
Project Information:	TRANSIT FACILITY, PM, EQUIPMENT	AUG 2 3 2007
Part 1: Recipient Information		STATE CLEARING HOUSE

Project Number:	CA-90-Y451-00
Recipient ID:	1640
Recipient Name:	CITY OF GARDENA
Address:	1700 WEST 162ND ST. , GARDENA, CA 90247 0000
Telephone:	(310) 217-9523
Facsimile:	(310) 538-1989

### **Union Information**

Recipient ID:	1640
Union Name:	GARDENA MUNICIPAL EMPLOYEE ASSOCIATION
Address 1:	100 Oceangate, Suite 1200
Address 2:	
City:	Long Beach, CA 90802 0000
Contact Name:	Fred Quiel
Telephone:	(562) 628-5551
Facsimile:	(760) 631-7780
E-mail:	fgq@mindspring.com
Website:	

Recipient ID:	1640
Union Name:	AFSCME, LOCAL 1117
Address 1:	1618 Gramercy Avenue
Address 2:	
City:	Torrance, CA 90501
Contact Name:	Jeanie Moorman

Contact Name:	Office Adı strator
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	mjaklevick@teamsters911.com
Website:	

Recipient ID:	1640
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	15999 Cypress Avenue
Address 2:	
City:	Irwindale, CA 91706
Contact Name:	James Williams
Telephone:	(162) 696-2998
Facşimile:	(213) 962-8079
E-mail:	utujaw@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	GMEO-GARDENA MGMT. EMPLOYEE ORGANIZATION
Address 1:	Howard Hugh Center Drive
Address 2:	6701 Center Drive West
City:	Los Angeles, CA 90045
Contact Name:	Vicky Barker
Telephone:	(310) 337-1222
Facsimile:	(310) 337-9494
E-mail:	vbarker@earthlink.net
Website:	

Recipient ID:	1640
Union Name:	AFSCME-AMERICAN FEDERATION STATE, COUNTY & MUNICIPAL EMPLOYEE
Address 1:	234 Loma Drive
Address 2:	
City:	Los Angeles, CA 90026
Contact Name:	Cheryl Parisi
Telephone:	(121) 338-9914
Facsimile:	(213) 484-9629
E-mail:	cparisi@afscme.org
Website:	www.afscme.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 Lynrose Drive
Address 2:	

Address 2:	<u> </u>
City:	Washington, DC 02005 4101
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3491
E-mail:	sterna@seiu.org
Website:	info.seiu.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	1625 Massachusetts Avenue, NW
Address 2:	
City:	Washington, DC 20036
Contact Name:	Carmen Parcelli, ESq (GE&C)
Telephone:	(301) 938-4910
Facsimile:	(202) 624-7420
Facsimile: E-mail:	(202) 624-7420 cparcelli@tcunion.org

Recipient ID:	1640
Union Name:	TCU-TRANSPORTATION COMMUNICATIONS UNION
Address 1:	3 Rearch Place
Address 2:	
City:	Rockville, MD 20850
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369
E-mail:	rscardelletti@tcunion.org
Website:	www.tcunion.org

Recipient ID:	1640
Union Name:	UTU - UNITED TRANSPORTATION UNION
Address 1:	c/o Carmen Parcelli, Esq (GE&C
Address 2:	1625 Massachusetts Aneuen, NW
City:	Washinton, DC 20036 2243
Contact Name:	Robert Clayman, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

# Part 2: Project Information

ATTACHMENT III - SF 424
Date of form: January 31, 2006

Dale of tours navigaly 1.	, 2006			_		Varsion 7/6	
APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBN		3, 2007	Applicant identifier	
1. TYPE OF SUBMISSION:			3. DATE RECE			State Application Identifier	
Application Construction	100	application Construction	4. DATE REC'D	BY FEDI	ERAL AGIENCY	Federal Identifier	
Non-Construction		Non-Canatruction					
S. APPLICANT INFORMATION	v						
Legal Name:					Organizational Un Department:	MC,	
State of California, Emplo	ymant Dave	lopment Departm	nent			mployment Development Department	
Organizational DUNS:	61-42	1-5531			Division:	Fiscal Programs Division	
Address: (Street, City, County, S				-	Name and telephorapplication (Prefix,	no number of person to be contacted on matters involving this	
800 Capitol Mail, MIC 20 Sacramento, Sacramento	o County, CA	95814			Ms. Molly Mat	ubang, Workforce Services Manager	
					Email: MMatuban@od	dd.ca.gov	
G. EMPLOYER IDENTIFICATIO		)			Phone number (giv		
9. TYPE OF APPLICATION	5 0 4 0 1				7 TYPE OF ASD	(016) 654-7131  LICANT (See back of form for Application Types)	
Now  If Revision, enter appropriate lett	or(s) in box(ca).	illnuation	X Revision	Ĉ	A. State	Clarket (200 Back of 10/11/10/ Application 1 1 1 1 1 2 2 2	
(See back of form for description	of latters)				Other (specify)		
Other (specify)					U.S. Department of Labor / VETS		
	1 7 . 0 0 1 7 . 0 0 1 7 . 0 0	1 (DVOP) 4 (LVER) 7 (TAP)	•			TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program): 12. AREAS AFFECTED BY PRO	JECT (Cilian, Co	r Votorana State ( punlies, Slales, vic) pwide	Grant				
13. PROPOSED PROJECT: Slad Date:			14. CONDRESS		STRICTS OF:		
October 1, 2007	Ending Date	nber 30, 2008	a. Applicant		Lotner	Statowide (1-53)	
15. ESTIMATED FUNDING:				LICATIO	N SUBJECT TO RE	VIEW BY STATE EXECUTIVE	
a. Federal (total of current fundin	g)	\$10,289,0			<b>PROCESS?</b> PPLICATION/APPLIC	CATION WAS MADE AVAILABLE	
b. Applicant			TO THE	STATE É DATE	E EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: TE: <u>0/22/2/07</u>		
¢ State			b. NO.		PROGRAM IS NO	T COVERED BY E.O. 12372,	
d  ,aan	s	<u> </u>			OR, PROGRAM HA	AS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other (TAP, Approved Special	initiatives)	\$987,00	00 17. IS APPL	ICANT E	CANT DELINQUENT ON ANY FEDERAL DEDT?		
f. Program Income		<u> </u>		You	If "Yes" nitach an	explanation X No	
g. TOTAL		\$17,276,00					
DULY AUTHORIZED BY THE O						TRUE AND CORRECT. THE DOCUMENT HAS BEEN THE ATTACHED ASSISTANCE THE ASSISTANCE	
n. Authorized Representative Profix	Namo			Middle N	lama		
Ms. Laura			l				
Last Namo Anderson				Sullix			
o. Titio	lulelon	P		c. Tolopi	hana Numbar (giva ar	•	
Chief, Flacal Programs Di		DEC	/ In 11 / par	e-Pale	Figned	(916) 054-8221	
$\mathcal{L}$	uson	I HEC	CEIVE	U	8 23	. 07	
Previous Edition Usable Authorized for Local Reproduction		AUG	<b>2 3</b> 2007	7	<u> </u>	Standard Form 424 (Rov. 0-2003) Prescribed by OMB Circular A-102	
		STATE CIT	EARING HO	11165			
				OUL			

Division:

Street2:

" Country: JNITED ST

Fax Number: (530)752-9659

County: Yolo

One Shields Avenue

\* Street1:

Province:

City: Davis

\* Phone Number: (530)752-7931

RECEIVED

" ZIP / Postal Code: 95616

Office of Research

\* State: CA: Califon

\* Emall: kinoue@ucdavis.edu

AUG 2 7 2007

STATE CLEARING HOUSE

OMB Number: 4040-0001

Expiration Date: 04/30/2008

\* Signature of Authorized Representative

Completed on submission to Grants.gov

21. Attach an additional list of Project Congressional Districts if needed.

AGS AN HER THE

20. Pre-application

SF 424 (R&R) APPLIC. ON FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES 📝 THIS PREAPPLICATION/APPLICATION WAS MADE a. \* Total Estimated Project Funding 444,189,63 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. \* Total Federal & Non-Federal Funds | 444,189.63 DATE: '08/27/2007 c. \* Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O., 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) \* The list of cortifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: Prefix: " First Name: Middle Name: Last Name: Marie \* Position/Title: |Contracts and Grants Analysi " Organization: The Regents of the University of California Office of Research Department: Sponsored Programs Division: " Street1: 1850 Research Park Drive Street2: \* City: Davis County; Yolo - Şlate: CA: Californ Province: \* Country; JNITED ST \* ZIP / Postal Code: 95618 Phone Number: 530-747-3915 mtrossi@ucdavls.edu Fax Number:

Oelete Altachmort View Attachment

OMB Number; 4040-0001

Young Attachment

\* Date Signed

Completed on submission to Grants.gov

Obidte Attachment

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier				
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application identifier				
1. * TYPE OF SUBMISSION	11	1 /					
Pre-application	4. Federal Ide	ntifler					
Changed/Corrected Application	L						
5. APPLICANT INFORMATION		* Organizational Di	UNS: 125084723				
* Legal Name: The Regents of the University of Callforn	iia		RECEIVED				
Department: University of CA, Santa Cruz	Division:		Decrease Remot				
* Street1: 1154 High Street	Street2:		AUG 2 8 2007				
* City: Santa Cruz Coul	nty:		State: CA: Californ				
Province:	Country: UNITE	ED ST * ZIP / Postal Code: 956	STATE CLEARING HOUSE				
Person to be contacted on matters involving this applica	tion						
Prefix: *First Name:	Middle Name:	* Last	Name; Suffix:				
Dr. Adina		Payta	п				
* Phone Number: 831-459-4882	x Number:	E	mail:				
8. * EMPLOYER IDENTIFICATION (EIM) or (TIN):		7. * TYPE OF APPLICANT:					
94-1539563		H: Public/State C	ontrolled Institution of Higher Education				
8. * TYPE OF APPLICATION: V New		Other (Specify):					
Resubmission Renewal Continuation	Revision	Small  Women Owned	Business Organization Type  Socially and Economically Disadvantaged				
If Revision, mark appropriate box(es).	300000000000000000000000000000000000000	9. * NAME OF FEDERAL AGE	NCY:				
📵 A. Increase Award 📵 B. Decrease Award 📵 C. Inc	rease Duration	Chloago Service Center					
D. Decrease Duration @ E. Other (specify)		10. CATALOG OF FEDERAL D	DOMESTIC ASSISTANCE NUMBER:				
Is this application being submitted to other agencies?	Yes No 🗸	81.049					
What other Agencies?		TITLE: Office of Science Fina	ncial Assistance Program				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:						
Organic Matter Composition, Recycling Susceptibility, and	nd the Effectiven	ess of the Biological Pump-An Ex	valuation Using NMR Spectra of Marine Planklon				
12. * AREAS AFFECTED BY PROJECT (cities, counties	s, steles, etc.)						
n/a							
13. PROPOSED PROJECT:	*	14. CONGRESSIONAL DISTR	CTS OF:				
* Start Date * Ending Date		a. * Applicant	b. * Project				
09/01/2007		17-CA	17-CA				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INF	ORMATION					
Prefix: * First Name; Dr. Adina	Middle Name:		Name: Suffix:				
		Payta					
Position/Title:	Organizatio	The Regents of the Un	niversity of California				
Department: University of CA, Santa Cruz Division:							
	* Street1: 1154 High Street Street2:						
* City: Santa Cruz Cou							
	inty:		* State: CA: Califord				
Province:		ED ST ZIP / Postal Code:	* State: CA: Califord				

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	130,010.00 130,010.00 0.00	a. YES  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: 08/28/2007  b. NO  PROGRAM IS NOT COVERED BY E.O. 12372; OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the atataments herein are true, complete and accurate to the bast of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)     * I agree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the ennouncement or agency specific instructions.					
19. Authorized Representative Prefix: * First Name: Ms. Wanda	Middle Name: Jeanne	* Last Name: Suffix:			
* Position/Title: Contract and Grant Off Department: University of CA, Sant		ion: The Regents of the University of California			
* Street1: 1154 High Street  * City: Santa Cruz	Street2:	Mail Stop: Ocean Science  * State: CA: Californ			
Province: 831-459-3136		TED ST 'ZIP / Postal Code: 95604  * Email: wmoody@ucsc.edu			
* Signature of Author Completed on submis	THE MAN SHAPE IN TANDAMENT	* Date Signed  Completed on submission to Grants.gov			
20. Pre-application		Add Attechment Trits (2.1128) (2.44 Assurance)			
21. Attach an additional list of Proje	ct Congressional Districts if n	eeded.			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

FEDERAL ASSISTANCE		2. DATE SUBMITTE	D	Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BY STATE	State Applicati	on Identifier	
	☐ Construction	4. DATE RECEIVED	BY FEDERAL AGEN	ICY Federal Identif	ier 06-01653	
<ul><li>Non-Construction</li><li>APPLICANT INFORMATION</li></ul>	Non-Construction					
Logal Namos	epartment of Parks a	and Recreation	Organizational Department:		1.(0-1 10 "	
Organizational DUNS: 17207/	Company of the Compan		Division:	alifornia Departme	nt of Parks and Recreation	
172070	RECE	IVED		of Grants and Loca		
Address: Street:			involving this a	application (give are	rson to be contacted on matters a code)	
PO Box 942896	AUG 2	8 2007	Prefix: Ms.	First Name: Betty		
City: Sacramento	STATE CLEAR	SING HOUSE	Middle Name			
County: Sacramento		And the second s		Ettinger		
State: California	Zip Code 94296-00	01	Suffix:			
Country: USA	-		Email: betti@	parks.ca.gov		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number	(give area code)	Fax Number (give area code)	
68 - 0303606			(916) 651-8	174	(916) 653-6511	
8. TYPE OF APPLICATION:			7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
If Revision, enter appropriate let		n 🗌 Revision	A. State		,	
(See back of form for description	of letters.)		Other (specify)			
Other (specify)	Special Specia	_		NAME OF FEDERAL AGENCY:     U.S. Department of Interior, National Park Service		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		IVE TITLE OF APPLI		
		15 - 916		North of The River RPD		
TITLE (Name of Program): La	nd & Water Conserv	ation Fund		Olive Park East Development 7509 Cecelia Court		
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	s, States, etc.):	Bakersfield,			
06-03554			,			
13. PROPOSED PROJECT Start Date:	Ending Date: 06/2/		14. CONGRES	SIONAL DISTRICTS	OF:	
Start Date.	06/30	0/2011	a. Applicant 03		b. Project 22	
15. ESTIMATED FUNDING:			ODDED 40070	DDOOFFOOO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		40,21	5 00 a Yes 🗷 TH	IS PREAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		4,58	5.00 PR	OCESS FOR REVIEW	N ON	
c. State \$			DA	TE: 8/22/	07	
d. Local \$		91,70	0.00 b. No.   PR	OGRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$				PROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$					NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		136,50	0.00	' attach an explanation	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY	S APPLICATION/PRE Y OF THE APPLICAN	APPLICATION ARE T AND THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Ms.	First Name Patti			Middle Name		
Last Name Keating				Suffix		
b. Title Chief			•	c. Telephone Number	(give area code)	
d. Signature of Authorized Repr	esentative 111	POST.	10.1	(916) 653-7423 e. Date Signed	12,100	
Previous Edition Usable	Janu	Ham	y	9	<b>23   0  </b> Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproducti	ion		U		Prescribed by OMB Circular A-102	

Authorized for Local Reproduction

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION:	5	3. DATE RECEIVED BY S	STATE	State Application	on Identifier	
Application  Construction	Pre-application  Construction	4. DATE RECEIVED BY F	EDERAL AGEN	CY Federal Identifi		
☐ Non-Construction	□ Non-Construction				06-01651	
5. APPLICANT INFORMATION Legal Name:	3		Organizational I	linit <sup>.</sup>		
California - De	partment of Parks a	and Recreation			nt of Parks and Recreation	
Organizational DUNS: 172070	9807		Division: Office	of Grants and Local	Services	
Address:		RECEIVE	Name and telep	hone number of per	son to be contacted on matters	
Street: PO Box 942896		AUG 2 8 200	Prefix: Ms.	pplication (give area First Name: B	ettv	
City: Sacramento			Middle Name			
County: Sacramento	<u> </u>	STATE CLEARING H	Last Name E	ttinger		
State: California	Zip Code 94296-00	01	Suffix:			
Country: USA	. L.		Email: betti@	parks.ca.gov		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (	give area code)	Fax Number (give area code)	
68 - 0303606			(916) 651-8°	174	(916) 653-6511	
8. TYPE OF APPLICATION:			7. TYPE OF API	PLICANT: (See back	of form for Application Types)	
☑ Nev If Revision, enter appropriate let		n 🗌 Revision	A. State			
(See back of form for description	of letters.)	П	Other (specify)			
Other (specify)	F-accord II	_		DERAL AGENCY:	, National Park Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:		VE TITLE OF APPLIC		
Section Sectio		15 - 916	City of Mayw			
TITLE (Name of Program): Lai	nd & Water Conserv	ation Fund	Maywood Ac	quatic Center Dev	relopment	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	Maywood, C			
06-46492					v	
13. PROPOSED PROJECT Start Date:	Ending Date: 00/0/		a. Applicant 03	SIONAL DISTRICTS	b. Project 34	
	06/30	0/2011	1 100		300 572	
15. ESTIMATED FUNDING:			ODDED 40070 D	DOOFFOOO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		210,000.00	a. Yes. 🗷 THIS	S PREAPPLICATION VILABLE TO THE STA	/APPLICATION WAS MADE	
b. Applicant \$		202,533.00	4	OCESS FOR REVIEW	V ON	
c. State \$	-		DAT	re: 8/22/	0.7	
d. Local \$		4,050,650.00	b. No. 🗆 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$			1 10-200	PROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$	ing and the second seco				NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		4,463,183.00		attach an explanation		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF 1</b>	LICATION/PREA THE APPLICANT	APPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	TP: 111			Aiddle Nome		
Prefix Ms.	First Name Patti			Middle Name		
Last Name Keating				Suffix		
b. Title Chief	12	1		. Telephone Number (916) 653-7423	(give area code)	
d. Signature of Authorized Repre	esentative Juliu	Kealing	e	e. Date Signed	121/07	
Previous Edition Usable Authorized for Local Reproducti	on	ď			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY	EEDERAL ACENCY	Federal Identif	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	rederal identifi	06-01650
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name: California - De	partment of Parks	and Recreation	Organizational Unit		at at Dade and Dans the
Organizational DUNS: 172070					nt of Parks and Recreation
Address: 172070	0807	Late Laws 1 / Lease law	Division: Office of G	The second secon	Services
Street:		HECEIVED	involving this appli	cation (give area	a code)
PO Box 942896		AUG 2 8 2007	Prefix: Ms.	First Name: E	etty
<sup>City:</sup> Sacramento			Middle Name		
County: Sacramento	STA	ATE CLEARING HOUS	Last Name Ettin	ger	
State: California	Zip Code 94296-00		Suffix:	-	
Country: USA			Email: betti@par	ks.ca.gov	A Commence of the Commence of
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
68 - 0303606			(916) 651-8174		(916) 653-6511
8. TYPE OF APPLICATION:	П	П		ANT: (See back	of form for Application Types)
If Revision, enter appropriate lett	ter(s) in box(es)	on L Revision	A. State		
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDER		, National Park Service
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T		
		15 - 916	City of California City Marina Pavilions Development 10460 Heather Avenue		
TITLE (Name of Program): Lar	nd & Water Conser	vation Fund			
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	es, States, etc.):	California City,		
06-09780					
13. PROPOSED PROJECT Start Date:	Ending Date: 06/0	30/2011	a. Applicant 03	AL DISTRICTS	b. Project 21
15, ESTIMATED FUNDING:	00/3			N SUBJECT TO	REVIEW BY STATE EXECUTIVE
			ODDED 40070 DDO	25000	
a. Federal \$		15,000.00	/\V/\IL/\	DEL TO THE OT	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		750.00	PROCE	SS FOR REVIEW	3 15 940
c. State \$			DATE:	3/22/	07
d. Local \$		15,750.00	b. No. 🛘 PROGR	AM IS NOT COV	'ERED BY E. O. 12372
e. Other \$		* 2 Same (1995)	☐ OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$		-	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		31,500.00	☐ Yes If "Yes" attac	ch an explanation	n. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	WLEDGE AND BELIE	F, ALL DATA IN THIS APP	LICATION/PREAPPL	ICATION ARE	RUE AND CORRECT. THE
ATTACHED ASSURANCES IF			INE APPLICANT AN	THE APPLICA	MAI AAITE COMBET AAITU TUE
a. Authorized Representative Prefix Ms.	First Name Patti		Middl	e Name	
I and Name	Paul		Suffix		
Keating			c. Te	ephone Number	(give area code)
d. Signature of Authorized Repre	esentative 1	ita Ti	(	916) 653-7423 te Signed	1/2/10
	July July	1 Barrens	G. Da	to originad	Standard Form 424 (Pay 0 2002)
Previous Edition Usable Authorized for Local Reproduction	on	0			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		O DATE OLIDBUTTED		A !! 4   1   1 4	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ident	itier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY S		State Application	
▼ Construction	☐ Construction	4. DATE RECEIVED BY I	FEDERAL AGEN	CY Federal Identifi	er 06-01646
☐ Non-Construction  5. APPLICANT INFORMATION	Non-Construction				594 94 St. 51 VIV St. 961
Logal Namo:	epartment of Parks	and Recreation	Organizational I	Jnit:	
	spartment of Farks	and recreation			nt of Parks and Recreation
Organizational DUNS: 172070	0807	ECENED	Division: Office	of Grants and Local	Services
Address: Street:			Name and telep	hone number of per oplication (give area	son to be contacted on matters
PO Box 942896	A PLANTAGE OF THE PROPERTY OF	AUG 2 8 2007	Prefix: Ms.	First Name: B	etty
City: Sacramento	l <sub>ot</sub>	ATE CLEARING HOUSE	Middle Name		
County: Sacramento	51	A Lea Province and American designation of the Control of the Cont		ttinger	
State: California	Zip Code 94296-0	001	Suffix:		
Country: USA			Email: betti@	parks.ca.gov	•
6. EMPLOYER IDENTIFICATION	N NUMBER (E/N):		Phone Number (	give area code)	Fax Number (give area code)
68 - 0303606			(916) 651-81	174	(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF API	PLICANT: (See back	of form for Application Types)
If Revision, enter appropriate let		on L Revision	A. State		
(See back of form for description			Other (specify)		
Other (specify)				DERAL AGENCY: rtment of Interior.	, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:		/E TITLE OF APPLIC	
		15 - 916	City of Lathro		
TITLE (Name of Program): La	nd & Water Conse	rvation Fund	Valverde Park Picnic Shelter Development 15557 Fifth Street		
12. AREAS AFFECTED BY PR	ROJECT (Cities, Counti	es, States, etc.):	Lathrop, CA	7 7 7 7	
06-40704	9				
13. PROPOSED PROJECT	IF-di D-to:		14. CONGRESS	IONAL DISTRICTS	OF:
Start Date:	Ending Date: 06/3	30/2011	a. Applicant 03		b. Project 18
15. ESTIMATED FUNDING:			ODDED 40272 D	DOCECCO	REVIEW BY STATE EXECUTIVE
a. Federal \$		40,000.00	a. Yes. 🗷 THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		2,000.00	PRO	CESS FOR REVIEV	VON
c. State \$			DAT	E: 8/22/	07
d. Local \$		42,000.00	b. No. D PRO	GRAM IS NOT COV	'ERED BY E. O. 12372
e. Other \$				PROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$					NT ON ANY FEDERAL DEBT?
g. TOTAL \$	-	84,000.00	☐ Yes If "Yes"	attach an explanation	ı. 🗷 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY TH	E GOVERNING BODY OF 1			
a. Authorized Representative	F: 11		la .	liddle Name	
Prefix Ms.	First Name Patti			uffix	
Last Name Keating				500000000000000000000000000000000000000	
<sup>b. Title</sup> Chief	D	. 1/		. Telephone Number (916) 653-7423	(give area code)
d. Signature of Authorized Repr	esentative Jattu	feating	е	. Date Signed	121/07
Previous Edition Usable Authorized for Local Reproducti	on	-			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED			Applicant Ident	Version 7/03	
			DATE DECEMED BY OTATE				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE			State Application Identifier		
☑ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERA	L AGENCY	Federal Identifi	er 06-01645	
☐ Non-Construction	☐ Non-Construction					00-01045	
5. APPLICANT INFORMATION Legal Name:	w.w		Organia	zational Un	it:		
California - De	partment of Parks	and Recreation				nt of Parks and Recreation	
Organizational DUNS: 172070	0807				Grants and Local		
Address:		AND ROOMS IN A SHARE	-			son to be contacted on matters	
Street:		RECEIVE	Involvi	ng this app	lication (give area	a code)	
PO Box 942896	,		Prefix:		First Name: B	etty	
<sup>City:</sup> Sacramento		AUG 2 8 200					
County: Sacramento		STATE CLEARING H	Last Na	<sup>me</sup> Etti	nger		
State: California	Zip Code 94296-00		Suffix:				
O1			Email:	L-#:0			
6. EMPLOYER IDENTIFICATION	NI NIIMDED (EINI)	Marie Company	Phone	Number (giv	rks.ca.gov	Fox Number (-i	
68 - 0303606	N NOWBER (EIN).			) 651-817		Fax Number (give area code) (916) 653-6511	
8. TYPE OF APPLICATION:		A Section 1997	, ,	,		of form for Application Types)	
_	w □ Continuatio	on Dovicion			ICANT: (See back	t of form for Application Types)	
If Revision, enter appropriate let	ter(s) in box(es)	on L Revision		State			
(See back of form for description	of letters.)	П	Other (s	pecify)			
Other (specify)		ш			RAL AGENCY:	, National Park Service	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	ICE NUMBER:				CANT'S PROJECT:	
		15 - 916	City c	of Lindsay	t	ertife (social), for a video finite the foodblooks Arth Incompany	
TITLE (Name of Program):						d Development	
Land & Water Conservation Fund  12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			Sequoia and Parkside Avenue				
06-41712	COSECT (Cities, Countie	es, olales, elc.j.	Linds	ay, CA 9	3247		
13. PROPOSED PROJECT			14 CO	NGRESSIC	NAL DISTRICTS	OF:	
Start Date:	Ending Date: 06/3	30/2011	a. Appli	icant 03		b. Project 21	
15. ESTIMATED FUNDING:	00/0	00/2011			ON SUBJECT TO	REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			G000000 100000 000	12372 PR	OCESS?		
a. Federal \$		125,000.00	a. Yes.			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$	2.11	6,250.00			ESS FOR REVIEW		
c. State \$		0,200.00		DATE:	8/22	107	
	- Same		_		_	(FDFD DV F Q 40070	
d. Local \$		131,250.00	b. No.	□ PROG	RAM IS NOT COV	'ERED BY E. O. 12372	
e. Other \$					ROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$		* **	17. IS 1			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		262,500.00	☐Yes	s If "Yes" att	ach an explanatior	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THI</b>	E GOVERNING BODY OF					
a. Authorized Representative		ATTAIN LO	1				
Prefix Ms.	First Name Patti			Mid	Middle Name		
Last Name Keating				Suf	fix		
<sup>b. Title</sup> Chief	*7			c. T	elephone Number (916) 653-7423	(give area code)	
d. Signature of Authorized Repre	esentaliyutti Ke	eatine		е. С	Date Signed	121/07	
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FEDERAL ASSISTANCE	:	2. DATE SUBMITTED		Applicant Ident	ifier Version 7/03	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
✓ Construction	Construction	4. DATE RECEIVED BY F	FEDERAL AGEN	NCY Federal Identifier 06-01644		
Non-Construction 5. APPLICANT INFORMATION	☐ Non-Construction				00-01044	
Lawel Names	partment of Parks a	and Recreation	Organizational			
Organizational DUNS: 172070		W50-14000-4	Division:	lifornia Departmer	nt of Parks and Recreation	
Address:	0807		to the second se	of Grants and Local	Services son to be contacted on matters	
Street:	<u> </u>		involving this a	polication (give area	code)	
PO Box 942896		WED \	Prefix: Ms.	First Name: B	etty	
City: Sacramento	COECE		Middle Name			
County: Sacramento	HIL	8 5001	Last Name E	ttinger		
State: California  Country: USA  6. EMPLOYER IDENTIFICATION  68 - 0303606	Zip Code 94296-00	9 8 2007 01 CHOUSE	Suffix:			
Country: USA	TE C'	LEARING	Email: betti@	parks.ca.gov		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EM):		Phone Number (	NA N	Fax Number (give area code)	
68 - 0303606			(916) 651-8	95	(916) 653-6511	
8. TYPE OF APPLICATION:	*			PLICANT: (See back	of form for Application Types)	
	er(s) in box(es)		A. State Other (specify)			
Other (specify)	Ц	Ш		DERAL AGENCY: rtment of Interior.	, National Park Service	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC		11. DESCRIPTI	VE TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program): Lar	nd & Water Conserv	[15] <b>–</b> [916] vation Fund	City of Chow Sports and L 625 North 15	eisure Park Picni	ic Shelter Development	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	Chowchilla,			
06-13294 13. PROPOSED PROJECT			14 CONGRESS	SIONAL DISTRICTS (	)E.	
Start Date:	Ending Date: 06/30	0/2011	a. Applicant 03	NOWAL DIGITATION	b. Project 19	
15. ESTIMATED FUNDING:			ODDED 40070 F	DOCECCO	REVIEW BY STATE EXECUTIVE	
a. Federal \$		50,000.00	a Vec 🗷 THI	S PREAPPLICATION	/APPLICATION WAS MADE	
b. Applicant \$		2,500.00		OCESS FOR REVIEW	THE BREGGITTE OF THE FIT	
c. State \$		2,000.00	DAT	E: 8/22/	107	
d. Local \$		52,500.00	b. No. D	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		02,000.00	□ OR		T BEEN SELECTED BY STATE	
f. Program Income \$	-			R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		105,000.00	☐ Yes If "Yes"	attach an explanation	ı. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF T</b>				
a. Authorized Representative	Triant Name		N	/liddle Name		
IVIS.	Patti			Suffix		
Keating		•		. Telephone Number	(give area code)	
Chiei	and the second			(916) 653-7423	(Sive alea code)	
d. Signature of Authorized Repta	Wheave	nf	)e	. Date Signed	3/21/07	
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ident	Version 7/03
1. TYPE OF SUBMISSION:	B	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application  Construction	Pre-application  Construction	4. DATE RECEIVED BY I	EDERAL AGENCY	Federal Identif	
Non-Construction	☐ Non-Construction				06-01642
5. APPLICANT INFORMATION			Organizational IIul		
Legal Name: California - De	epartment of Parks a	and Recreation	Organizational Uni Department: Califo	rnia Departme	nt of Parks and Recreation
Organizational DUNS: 172070	0807	×	Division: Office of (		
Address:					rson to be contacted on matters
Street: PO Box 942896			Involving this applemental Prefix: Ms.	First Name:	a code) Setty
City: Sacramento		RECEIVE	Middle Name		
County: Sacramento		AUG 2 8 2007	Last Name Ettir	ger .	
State: California	Zip Code 94296-00	01			
Country: USA		STATE CLEARING H	Detti@pa	ks.ca.gov	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):	One of the last of	Phone Number (give	area code)	Fax Number (give area code)
68 - 0303606			(916) 651-8174	ļ.	(916) 653-6511
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See back	k of form for Application Types)
× Nev		n 🗌 Revision	A. State		
If Revision, enter appropriate let (See back of form for description		П	Other (specify)		
Other (specify)		₩	9. NAME OF FEDE		, National Park Service
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:			CANT'S PROJECT:
		15 - 916	City of Folsom		
TITLE (Name of Program):	nd & Water Consen		Hinkle Creek		
12. AREAS AFFECTED BY PR			7000 Baldwin D		
06-24638	,		Folsom, CA 95	030	
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date: 06/30	0/2011	a. Applicant 03		b. Project 03
15. ESTIMATED FUNDING:			ODDED 40070 DDG	05000	REVIEW BY STATE EXECUTIVE
a. Federal \$		60,000.00	a. Yes. 🗷 THIS P	REAPPLICATION	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		3,000.00	PROCE	SS FOR REVIEW	W ON
c. State \$			DATE:	8/221	07
d. Local \$		60,000.00	b. No. 🗆 PROGE	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$			□ OR PR FOR R		T BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		123,000.00		1.€N Profit are the f <del>actor of the factor o</del>	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	GOVERNING BODY OF	PLICATION/PREAPP THE APPLICANT AN	LICATION ARE T ID THE APPLICA	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative				II. N	
Prefix Ms.	First Name Patti		1 42 (Mary Stany St	lle Name ——————	
Last Name Keating			Suffi	-	
b. Title Chief	2:11		c. Te	elephone Number (916) 653-7423	(give area code)
d. Signature of Authorized Rep	estitative (ful	ing		ate Signed 8/	121/07
Previous Edition Usable  Authorized for Local Reproducti	on	U	-		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier		
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Application  Construction	Pre-application  Construction	4. DATE RECEIVED BY	FEDERAL AGEN	NCY Federal Identifier 06-01641		
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION Legal Name: California De	partment of Parks a	and Recreation	Organizational	Unit:		
		and Necreation	Department: Ca	alifornia Departme	nt of Parks and Recreation	
Organizational DUNS: 172070	807			of Grants and Local		
Address: Street:				phone number of per application (give area	son to be contacted on matters	
PO Box 942896	RF	CEIVED	Prefix: Ms.	First Name: B	ettv	
City: Sacramento	All	CEIVED	Middle Name			
County: Sacramento	AU	2 8 2007	Last Name	Ettinger		
State: California	Zip Code \$4296 00	EARING HOUSE	Suffix:			
Country: USA	The second secon	1003E	Email: betti@	parks.ca.gov		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number		Fax Number (give area code)	
68 - 0303606			(916) 651-8		(916) 653-6511	
8. TYPE OF APPLICATION:	v 🗌 Continuatio	n 🗌 Revision		PLICANT: (See back	of form for Application Types)	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	n	A. State Other (specify)			
				EDERAL AGENCY:		
Other (specify)			U.S. Depa	artment of Interior.	, National Park Service	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC		A CONTRACTOR OF THE PARTY OF TH	IVE TITLE OF APPLIC	CANT'S PROJECT:	
TITLE (Name of Program):		15 – 916	City of Davis	s ark Soccer Field [	Development	
TITLE (Name of Program): Lar	nd & Water Conser	vation Fund	2500 Resea	arch Park Drive		
12. AREAS AFFECTED BY PR 06-18100	OJECT (Cities, Counties	s, States, etc.):	Davis, CA 9	95618		
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date: 06/30	0/2011	a. Applicant 03	3	b. Project 01	
15. ESTIMATED FUNDING:			ODDED 12272	DDOCESSS	REVIEW BY STATE EXECUTIVE	
a. Federal \$		116,146.00	NOS XI TH	IS PREAPPLICATION	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		37,042.00	1	OCESS FOR REVIEW	112 212001112 0112211 12012	
c. State \$		01,012.00	_1_	TE: 8/22)	107	
d. Local \$		740,925.00	b. No. 🗆 PR	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$				PROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$					NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		894,113.00		attach an explanation	December 19	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF</b>	PLICATION/PRE THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative				Middle Name		
IVIS.	Patti			Suffix		
Last Name Keating						
b. Title Chief			c. Telephone Number (916) 653-7423	(give area code)		
d. Signature of Authorized Repre	eschiative den			e. Date Signed	21/07	
Previous Edition Usable Authorized for Local Reproduction	on O				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Application for Federal Assistan	nce SF-424		Version 02			
*1. Type of Submission:	*2. Type of Application * If Revision, select appropriate letter(s)					
☐ Preapplication	⊠ New					
	Continuation	*Other (Specify)				
☐ Changed/Corrected Application	Revision					
3. Date Received: 4. Applicant Identifier:						
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:				
State Use Only:			RECEIVED			
6. Date Received by State:	7. State Ap	oplication Identifier:	AUCOO			
8. APPLICANT INFORMATION:		·	AUG 2:8 2007			
*a. Legal Name: MERCY HOUSING	CALIFORNIA	-	STATE CLEARING HOUSE			
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3081666		*c. Organizational DUNS: 883200900	OCH ACTION OF THE PROPERTY OF			
d. Address:						
*Street 1: <u>3120 FREE</u>	BOARD DRIVE, STE.	. 202				
Street 2:	·					
*City: WEST SAC	CRAMENTO		,			
County: <u>YOLO</u>	A		÷			
*State: <u>CA</u>			•			
Province:	· .					
*Country: <u>USA</u>						
*Zip / Postal Code 95691						
e. Organizational Unit:						
Department Name: COMMUNITY DEVELOPMENT		Division Name: WEST SACRAMENTO				
f. Name and contact information of	f person to be contac	ted on matters involving this	application:			
Prefix: MR.	*First Name: _i	DAVID				
Middle Name:						
*Last Na ne: <u>WILKINSON</u>						
Suffix:	· ·	¥				
Title: DIRECTOR OF COMMUNITY DEVELOPMENT						
Organizational Affiliation: PRIVATE NON PROFIT						
*Telephone Number: 916-414-4419		Fax Number: 916-414-449	2			
*Email: DWILKINSON@MERCYHOUSING.ORG						

Application for Federal Assistance SF-424 Version 02
*9. Type of Applicant 1: Select Applicant Type:  M.Nonprofit w/501C3 tRS Status(Oth Than Higher Edu
Type of Applicant 2: Select Applicant Type:
Туре of Applicant 3: Select Applicant Type:
*Other (Specify)
*10 Name of Federal Agency: USDA
11. Catalog of Federal Domestic Assistance Number:
10-433
CFDA Title:  Rural Housing Preservation Grants
*12 Funding Opportunity Number:
USDA-RD-HCFP-HPG-2007
*Title:
HOUSING PRESERVATION GRANT 2007
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
CITY OF BIGGS
*15. Descriptive Title of Applicant's Project:
MERCY HOUSING CALIFORNIA HOUSING PRESERVATION PROGRAM

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for F	ederal Assistance SF-42	24		Version 02	
16. Congressional					
*a. Applicant: DIST	RICT 1	*b	. Program/Project:	DISTRICT 2	
17. Proposed Proj	ect:				
*a. Start Date: OCT	OBER 2007	•	*b. End Date: SEPTEMBER 2008		
18. Estimated Fund	ding (\$):				
*a. Federal	\$50,000.00	<u> </u>			
*b. Applicant					
*c. State					
*d. Local					
*e. Other	\$195,000.00				
*f. Program Income					
*g. TOTAL	<b>\$245</b> ,000.00				
<del></del>					
	Subject to Review By Stat				
				ess for review on <u>August 28, 2007</u>	
b. Program is su	ibject to E.O. 12372 but has	not been selected by the S	State for review.		
C. Program is n	ot covered by E. O. 12372				
*20. Is the Applica	nt Delinquent On Any Fed	eral Debt? (If "Yes", pro	vide explanation.)		
☐ Yes 🗵	] No				
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)					
☐ ** I AGREE		•			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions					
Authorizad Representative:					
Prefix:		*First Name: GREG			
Middle Name:					
*Last Name: SI	PARKS	<del></del> .		·	
Suffix:					
*Title: VICE PRESIDENT					
*Telephone Number: 916-414-4439		Fax Number: 916-414-4490			
* Email: GSPARKS@MERCYHOUSING.ORG					
*Signature of Authorized Representative *Date Signed: August 28, 2007					

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

PART I - FACESHEET APPLICATION FOR		2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS)		Applicant Identifier 07VS079242		
FEDERAL ASSIST	TANCE	Auge	ısı 28, 2007	(1,1,0,1,1,2,1,2,1,2,1,1,1,1,1,1,1,1,1,1,		
1, TYPE OF SUBMISSION: Application	Pre-application	3. a. DATE RECEIVED BY STATE		3 b. State Application Identifier		
Construction Non-Construction	Construction Non-Construction	4, a DATE RECEIVED BY CNCS		4 b. CNCS Grant Number		
5. APPLICANT INFORMAT	ION					
5 a. Legal Namc:	Rural Services		5.b. Organizational DUNS: 198679532			
5.c Address: (give street addre	ess, city, count, state and	zip-code)	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO DE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area code)  NAME: Leslie Wall, Coordinator			
586 Jackson Street Quincy, CA 95971		EIVED				
	AUG 2	8 2007	TELEPHONE NUMBER: (530) 283 - 3611			
	STATE CLEA	ARING HOUSE FAX NUMBER: (530) 283		83 - 3647		
	NAME OF THE PARTY OF A PARTY OF A PARTY OF THE PARTY.		INTERNET H-MAIL ADDRI	ESS: lwall@plumasruralservices.org		
C PLANT CLARE IN THE CASE OF T	TION AND TO THE OWNER.	· _	WEBSITE: www.plumasruralscrvices.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2722880		7. a TYPE OF APPLICANT: (Enter appropriate letter in box:)  1. State Controlled  A. State  Institution of Higher				
8. TYPE OF APPLICATION:  ☐ New ☐ Continuation ☐ Revision		B. County C. Municipal	Learning J. Private University			
If Revision, enter appropriate l	etter(s) in box(es)		D. Township E. Interstate	K. Indian Tribe L. Individual		
A revision, one appropriate	· · · · · · · · · · · · · · · · · · ·		F. Intermunicipal	M. Profit Organization		
A. Augmentation:   B: Budget Revision			G. Special District H. Independent School District	N. (7ther (Specify) O. Not for Profit Organization		
C. No Cost Extension [ to			Other (specify)			
E Other (specify below):			7 b. CNCS APPLICANT CHARACTERISTICS  Enter appropriate code in each blank:7,,,			
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94 – 013		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service				
TITLE (Nume of Program): A	meriCorps*VIST	ΓΑ	11. a. TITLE OF APPLICANT'S PROJECT:			
12. AREAS AFFECTED BY	PROJECT (Cities, Count		Community Connections Time Bank			
Plumas County 13, PROPOSED PROJECT S	/, CA TART DATE: 09/16/20	07 END DATE:	11 b. CNCS PROGRAM INITIATIVE (IF ANY):			
09/16/2008 14: ESTIMATED FUNDING			15. IS APPLICATION SUBJ	ECT TO REVIEW BY STATE EXECUTIVE ORDER		
			12372 PROCESS?			
a. Federal \$ 35,610,00 b. Applicant \$ 47,469.40 c. State \$ N/A		a. YES. THIS APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
d. Local \$ N/A e. Other \$ N/A		DATE: August 28, 2007				
f, Program Income \$ N.A g. Total \$ 83,079.40			B. NO.  PROGRAM IS NOT COVERED BY E.O. 12372  OR PROGRAM HAS NET BEEN SELECTED BY STATE FOR			
		REVIEW   16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DERT?   Yes If "Yes" attach an explanation.   ✓ No				
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS A WARDED.						
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:			
Michele Lynn Piller d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		Executive Director	(530) 283-3611 DATE SIGNED:			
Modified Standard Form 424- (Reg. 11/02 to conform to the CNCS eGrants syste		m)	August 28, 2007			
Modified Standard Point 424 (Rgy 11/02 to conform to the CNCS corants system)						

OMB Number: 4040-0004 Expiration Date: 07/31/2006

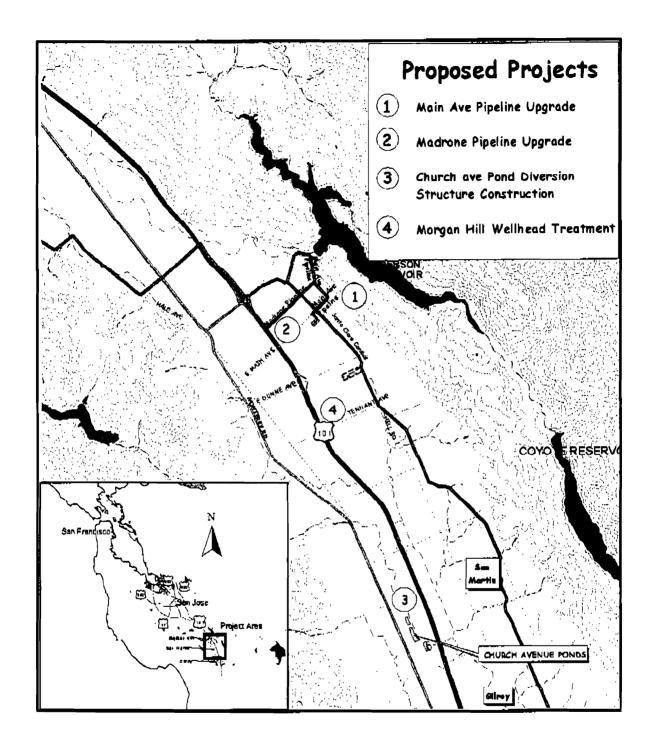
408 264-6958

Application for Federal Assi	stance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	If Revision, select appropriate letter(s):	V-2000
Proapplication	✓ New		
Application	Continuation	Other (Specify)	
Changod/Corrected Application	Revision	+	
*3. Date Received:	4. Applicant Identifier;		
Completed by Grants,gov upon submission.	Santa Clara Valley W	ater District	
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
		RECEIV	/FD
State Use Only:		ALIGNA	
6. Date Received by State:	7. State Application		<del>307</del>
8. APPLICANT INFORMATION:		STATE CLEARING	HOUSE
* a. Legal Name: Santa Clara Va	lley Water District	- The state of the	
* b. Employer/Taxpayer Identification N	<del>-</del>	* c. Organizational DUNS:	
94-1695531		69128999	
d. Address:			
* Street1: 5750 Almad	en Expressway		
Street2:	Expressively		
* City: San Jose			,
County: Santa Clara		,	
State: California		·	
Province:		ĺ	
• Cauntry:			
Zip / Postal Code: 95118		1	
e. Organizational Unit:		111111111111111111111111111111111111111	
Departme⊓t Name:		Division Name:	_
Groundwater Management		Santa Clara Valley Water District	
f. Name and contact information of	person to be contacted on	matters involving this application:	
Prefix: Mr.	• First Na	me: Thomas	Å
Middle Name: Kurt		,	
* Last Name: Mohr			
Suffix:			
Title: Perchlorate Project Ma	nager	:	
Organizational Affiliation:			
Groundwater Management L	Jnit, Santa Clara Valle	y Water District	
*Telephone Number: 408-265-26	<del></del>	Fax Number: 408-979-5639	
Email: tmohr@valleywater.c	•——	The second section of the section of th	

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application fo	or Federal Assistance SF-424		Version 02
16. Congression	al Districts Of:		
* a. Applicant	CA-016	b. Program/Project CA-011, CA-016	
Atlach an addition	nal list of Program/Project Congressional Districts if needed.		
	Add Attachment		
17. Proposed Pro	oject:		
" a. Starl Dato:	11/1/07	b. End Date: 12/31/2016	
18. Estimated Fu	inding (\$):		
a. Federal	\$3,934,300.00		
* b. Applicant	\$13,850,801.26		
* c. State			
d. Local			
e. Other			
* (. Program Inco	me		
g. TOTAL	\$17,785,101.26		
b. Program is a c. Program is a 20. Is the Appli Yes  21. *By signing to herein are true, a comply with any	Ilion was made available to the State under the Executive Ordersubject to E.O. 12372 but has not been selected by the State for not covered by E.O. 12372.  cant Delinquent On Any Federal Debt? (If "Yes", provide  No  his application, I certify (1) to the statements contained in complete and accurate to the best of my knowledge. Late resulting torms if I accopt an award. I am aware that any to criminal, civil, or administrative penalties. (U.S. Code)	explanation.)  the list of certifications** and (2) that the statements to provide the required assurances** and agree to false, fictitious, or fraudulent statements or claims	
_	ications and assurances, or an internet site where you may ob	lain this list, is contained in the announcement of agency	
specific instruction	ns.		
Authorized Repr	esentative:		
Profix:	Mr. First Name: Stanl	өу	
Middle Name:	A.		
* Last Name: V	Villiams		
Sulfix:			
Title: Chief	Executive Officer		
Telephone Numb	Por: (408) 265-2607x2250	Fax Number: (408) 267-7442	
*Email:   Swilli	ams@valleywater.org		
* Signature of Auth	norizea Representativo:	* Date Signed;	

scvwd 408 264-6958 p.4



OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type;	
D. Special District	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
	_
* 10. Name of Federal Agency:	
U.S. EPA Region IX	
11. Catalog of Federal Domestic Assistance Number:	
66-606	
CFDA Title:	
State and Tribal Assistance Grant	
* 12. Funding Opportunity Number:	
05-80	
Title:	
Appropriations Act of 2005: Santa Clara Valley Water District Perchlorate Account	
13. Competition Identification Number:	
Title:	
	•
	•
14. Areas Affected by Project (Cities, Counties, States, etc.):	
   Morgan Hill, Gilroy, San Martin - see attached map	
Thorgan This, Chroy, Can Martin Goo Brigoriou Map	
* 15. Descriptive Title of Applicant's Project:	
Llagas Groundwater Subbasin Perchlorate Mitigation and Water Supply Infrastructure	
Improvement Work Plan	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	
The state of the s	

APPLICATION FOR		2. DATE SUB	MILIED	pplicant identifier			
FEDERAL ASSISTANCE		May 2007	May 2007				
i. I II E O. Godiniosion		EIVED BY STATE	State Application I	dentifier			
/ ipproducti	Pre-application	A DATE DECI	EIVED BY AGENCY	Federal Identifier			
☐ Construction	Construction	4. DATE RECE	EIVED BY AGENCY	,	Number if Known>		
	Non-Construction	1		Linter Grant	Turiber ii Kilowii-		
5. APPLICANT INFORMATIO	ON .		Organizational Lini	t· City			
Legal Name:	•		Organizational Unit: City				
City of Avalon	ANDEE		Department:				
Organizational DUNS: 07962	3900		Division:  Name and telephone of person to be contacted on matters involving				
Address: Street: P.O. Box 707	<u> </u>		this application (give				
			Prefix:		First Name: Carol		
City: Avalon			Middle Name:				
County: Los Angeles		·	Last Name: Ford				
State: California	Zip Code	: 90704	Suffix:				
Country: United States			Email: Ford@air				
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN	): 	Phone Number (giv	e area code)	Fax Number (give area code)		
9 5	- 6 0 0 0	6 6 9	(650) 591 - 8308		(650) 591 - 8371		
8. TYPE OF APPLICATION			7. TYPE OF APPLI	CANT (See back of fo	orm for Application Types)		
New Contir	nuation 🔲 Revis	ion	С		1		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			Other (Specify)				
Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration				
10. CATALOG OF FEDERAL	DOMESTIC ASSIS	TANCE NO					
IU. CATALOG OF TEDETOLE	D 0 // L 0 // L 0 // L 0 // L	mile No.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECTIVED  1. Phase One Site Selection Study CELVED				
2 0	- 1 0 6				AUG 3 0 2007		
TITLE (Name of Program): A			-		<u> </u>		
12. AREAS AFFECTED BY P City of Avalon, Catal					STATE CLEARING HOUSE		
13. PROPOSED PROJECT	mu, coo ringeleo	County	14. CONGRESSIO	NAL DISTRICTS C	OF:		
Start Date		Ending Date	a. Applicant		b. Project		
9/2007		10/2008	California 4	a 46th District CA 46th District			
15. ESTIMATED FUNDING:			16. IS APPLICATI 12372 PROCESS		REVIEW BY STATE EXECUTIVE ORDER		
a. Federal		\$ \$225,000. <sup>00</sup>	a. YES.		ATION/APPLICATION WAS MADE		
b. Applicant		\$ 11,800.00		PROCESS FOR R	HE STATE EXECUTIVE ORDER 12372 REVIEW ON:		
c. State		\$.00		DATE :			
d. Local		\$.00	b. NO 🖂		T COVERED BY E.O. 12372		
e. Other	{	\$ .00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income		\$ . <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL \$ \$236,800.00		Yes, If "Ye	s", attach an explan	ation No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			IG BODY OF THE A				
a. Authorized Representative							
Prefix		First Name: Bob		Middle Name:			
Last Name: <b>Kennedy</b>		7		Suffix:			
b. Title: Mayor				c. Telephone: <b>310-510-0220</b>			
d. Signature of Authorized Re	epresentative:	det le		e. Date Signed: 7	7-(-8)		

Previous Editions Usable Authorized for Local Reproduction Standard Form 424 (Rev 9-2003) Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR	_				Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 30, 2007		Applicant Identifier			
1. TYPE OF SUBMISSION:	Dec	3. DATE RECEIVED B	Y STATE	State Appli	State Application Identifier		
Application	Pre-application	4. DATE RECEIVED BY FEDERAL AGEN		/ Federal Ide	entifier		
Construction Non-Construction	Construction Non-Construction						
5. APPLICANT INFORMATION	Non-Construction						
Legal Name:			Organizational Un	it:			
Central Sierra Economic Develo	pment District		Department: None				
Organizational DUNS: 157658485			Division:				
Address:					person to be contacted on matters		
Street:			involving this app Prefix:	First Name			
53 West Bradford, Suite 200	-	• In the American Control of the Control	Mr.	Larry	DECENTED		
City: Sonora			Middle Name		RECEIVED		
County: Tuolumne			Last Name Busby		AUG 3 0 2007		
State:	Zip Code		Suffix:		A1113 0 7 7 0 7		
CA Country:	95370		Email:		OTATE OF PARING HOUSE		
US	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		cspc@mlode.com		STATE CLEARING HOUSE		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (giv	e area code)	Fax Number (give area code)		
9 4 - 2 3 8 8 6 8 1			209-532-8960		209-532-7599		
8. TYPE OF APPLICATION:		10000	7. TYPE OF APPLI	CANT: (See ba	ack of form for Application Types)		
If Revision, enter appropriate lett		n Revision					
(See back of form for description			Other (specify)				
Other (specify)			Economic Develop  9. NAME OF FEDE				
Care (cpcc.i)			Economic Develop	ment Administr	ation		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	a section at the section		LICANT'S PROJECT:		
		1 1-3 0 2	Areawide Economi	c Development	t Planning and Implementation		
TITLE (Name of Program): Economic Development Suppor	t for Planning						
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	, States, etc.):					
Alpine, Amador, Calaveras and	Tuolumne Counties						
13. PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICT			
Start Date: 7/1/06	Ending Date: 6/30/07		a. Applicant 3 and 19		b. Project 3 and 19		
15. ESTIMATED FUNDING:			The beat of the same of the second contractions of		TO REVIEW BY STATE EXECUTIVE		
a. Federal \$			ORDER 12372 PRO		TION/APPLICATION WAS MADE		
b. Applicant \$	- All	26,000	AVAIL	ABLE TO THE	TION/APPLICATION WAS MADE STATE EXECUTIVE ORDER 12372		
b. Applicant \$		26,000	A 5866 2 254	ESS FOR REV	raciol di beraid		
c. State \$			DATE:	August 27, 200	07		
d. Local \$		.00	b. No. PROGI	RAM IS NOT C	OVERED BY E. O. 12372		
e. Other \$		- OU	b	OGRAM HAS	NOT BEEN SELECTED BY STATE		
			? FOR R	EVIEW			
f. Program Income \$		<b>4</b>	17. IS THE APPLIC	ANT DELINGO	JENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		52,000	Yes If "Yes" att	ach an explana	ition. 🗱 No		
Telephone and an artist of the control of the contr		DENTE SE IN THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED IN			ARE TRUE AND CORRECT. THE		
ATTACHED ASSURANCES IF			OF THE APPLICANT	AND THE API	PLICANT WILL COMPLY WITH THE		
a. Authorized Representative							
Prefix Mr.	First Name Larry		Midd	lle Name			
Last Name Busby			Suffi	K			
b. Title Executive Director					per (give area code)		
	serlative		e. D	-532-8960 ate Signed			
Previous Edition Usable	4 SVX		Aug	ust 30, 2007	Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproductio	<sub>n</sub> /				Prescribed by OMB Circular A-102		







U.S. Department of Transportation

**Federal Transit Administration** 

### **Application for Federal Assistance**

Recipient ID:	1697			
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/C FRANCISCO	CITY AND COUNTY OF SAN		
Project ID:	CA-04-0051-00	CA-04-0051-00		
Budget Number:	1 - Budget Pending Approval			
Project Information:	Islais Creek & ITS-AVL (NextBus) fu	RECEIVED		
Part 1: Recipi	ent Information	AUG 3 0 2007		
Project Number:	CA-04-0051-00	CONTROL OF THE CONTRO		
Recipient ID:	1697			
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/OF FRANCISCO	ITY AND COUNTY OF SAN		
Address:	1 South Van Ness Ave 7th Floor, SAN FRANCISCO, CA 94103 0000			
Telephone:	(415) 701–4337			
relepitorie.	(415) 701-4337			

# Part 2: Project Information

Project Type:	Grant	Gross Project	\$2,257,200
Project Number:	CA-04-0051-00	Cost:	\$2,20°,200
D	Islais Creek & ITS-AVL	Adjustment Amt:	\$0
Project Description:	(NextB⊔s) fu	Total Eligible Cost:	\$2,257,200
Recipient Type:	City	Total FTA Amt:	\$1,805,760
FTA Project Mgr:	Jeffrey Davis	Total State Amt:	\$0
Recipient Contact:	Jerry Levine	Total Local Amt:	\$451,440
New/Amendment:	None Specified	Other Federal	\$0
Amend Reason:	Initial Application	Amt:	Ψ0
	- <del> </del>	Special Cond Amt:	\$0
Fed Dom Asst. #:	20500	i	
Sec. of Statute:	5309-2	Special Condition:	None Specified
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified
Start/End Date:	Jan. 15, 2008 - Dec. 30, 2012	S.C. Eff. Date:	None Specified

Recvd. By State:	Jul. 06, 2007
EO 12372 Rev:	NO
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 14, 2007
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?;	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60060	SAN FRANCISCOOAKLAND, CA

### **Congressional Districts**

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos

#### **Earmarks**

### **Earmark Details**

Earmark ID	Earmark Name	Orig. Balance	Amount Applied
E2007-BUSP-0115	San Francisco; CA Construct	\$1,203,840	\$1,203,840
E2007-BUSP-0116	San Francisco, CA Implement	\$601,920	\$601,920

Number of Earmarks: 2

Total Amount Applied: \$1,805,760

Date Sent for Release: 8/1/2007 8:29:53 PM

Date Released:

### Security

### No information found.

### Part 3: Budget

**Project Budget** 

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE	· · · · · ·	•	
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$1,203,840.00	\$1,504,800.00
ACTIVITY			
11.43.02 DESIGN/CONSTRUCT - ISLAIS CREEK MAINTENANCE FACILITY	0	\$1,203,840.00	\$1,504,800.00
SCOPE			
116-00 SIGNAL & COMM EQUIPMENT (BUS)	0	\$601,920.00	\$752,400.00
ACTIVITY			
11.62.20 PURCHASE/INSTALL AVL COMMUNICATIONS EQUIP	0	\$601,920.00	\$752,400.00
Estimated Total Eligible Cost:			\$2,257,200.00
		Federal Share:	\$1,805,760.00
		Local Share:	\$451,440.00





**FTA** 

U.S. Department of Transportation

Federal Transit Administration

# **Application for Federal Assistance**

Recipient ID:	1697		
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO		
Project ID:	CA-05-0215-00		
Budget Number:	1 - Budget Approved	The state of the s	
Project Information:	FY 2007 Fixed Guideway Application	RECEIVED	
Part 1: Recipio	ent Information   CA-05-0215-00	AUG 3 0 2007  STATE CLEARING HOUSE	
Recipient ID:	1697		
Recipient Name:	MUNICIPAL TRANSPORTATION AGENCY/CITY AND COUNTY OF SAN FRANCISCO		
	AS ALL FROM STREET AND CARD		
Address:	1 South Van Ness Ave 7th Floor, SAN FRANCISC	O, CA 94103 0000	
Address: Telephone:	1 South Van Ness Ave 7th Floor, SAN FRANCISC (415) 701-4337	O, CA 94103 0000	

# Part 2: Project Information

Project Type:	Grant	Gross Project	\$58,184,276	
Project Number:	CA-05-0215-00	Cost:		
	FY 2007 Fixed Guldeway	Adjustment Amt:	\$0	
	Application	Total Eligible Cost:	\$58,184,276	
Recipient Type:	City	Total FTA Amt:	\$46,547,421	
FTA Project Mgr:	Jeff Davis	Total State Amt:	50	
Recipient Contact:	Jerry Levine	Total Local Amt:	\$11,636,855	
New/Amendment:	None Specified	Other Federal	\$0	
Amend Reason:	Initial Application	Amt:	40	
	MANAGE MA	Special Cond Arnt:	\$0	
Fed Dom Asst. #:	20500			
Sec. of Statute:	5309-4	Special Condition:	None Specified	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified	
Start/End Date:	Sep. 01, 2007 - Dec. 30, 2011	S.C. Eff. Date:	None Specified	

Recvd. By State:	Jul. 06, 2007
EO 12372 Rev:	Not Applicable
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 14, 2007
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60060	SAN FRANCISCO-OAKLAND, CA

### **Congressional Districts**

State ID	District Code	District Official
6	8	Nancy Pelosi
6	12	Tom Lantos

### **Earmarks**

No information found.

### Security

No information found.

### Part 3: Budget

**Project Budget** 

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
122-00 RAIL TRANSITWAY LINES	0	\$23,344,000.00	\$29,180,000.00
ACTIVITY			
12.24.20 CABLE CAR INFRASTRUCTURE REHAB/RENOV	0	\$7,500,000.00	\$9,375,000.00

12.24.03 MUNI RAIL REPLACEMENT	0	\$13,000,000.00	\$16,250,000.00
12.24.03 WAYSIDE/CENTRAL SIGNAL SYSTEMS ANDTRAIN CONTROL	0	\$2,844,000.00	\$3,555,000.00
SCOPE			
121-00 REHAB/REBUILD RAIL CARS	10	\$7,669,296.00	\$9,586,620.00
ACTIVITY	····		
12.14,30 REHAB/REBUILD CABLE CARS	2	\$806,400.00	\$1,008,000.00
12.14.26 REHAB/REBUILD HISTORIC RAIL CARS	3	\$2,294,104.00	\$2,867,630.00
12.14.20 REHAB/REBUILD LIGHT RAIL CARS	5	\$4,568,792.00	\$5,710,990.00
SCOPE			
115-00 ELECTRIFICATION/POWER DIST (BUS)	0	\$13,000,000.00	\$16,250,000.00
ACTIVITY			
11.54.20 OVERHEAD LINES RECONSTRUCTION	0	\$13,000,000.00	\$16,250,000.00
SCOPE	<u> </u>		
124-00 SUPPORT EQUIP/FACILITIES (RAIL)	0	\$2,534,125.00	\$3,167,656.00
ACTIVITY			
12.43.02 CONSTRUCT METRO EAST MAINTENANCE FACILITY	0	\$2,534,125.00	\$3,167,656.00
	Estimated T	otal Eligible Cost:	\$58,184,276.00
		Federal Share:	\$46,547,421.00
		Local Share:	\$11,636,855.00